

**“NONE TO REPORT”**  
**to be used for the**  
**2014 Missouri Deafblind Census Report**

Please complete and return this form **if you do not have any individuals with deafblindness** (ages birth through 21 years) **to report**. **NOTE:** *Please carefully review definition of deafblindness in attached procedures to complete the 2014 Missouri Deafblind Census Form.*

Source of this information:

LEA or SEA **Agency:** \_\_\_\_\_

County and District Codes (6 digit number of LEA) \_\_\_\_\_ / \_\_\_\_\_

LEA or SEA Agency Address:

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

Person completing this form:

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime telephone number (including Area Code): \_\_\_\_\_

\_\_\_\_\_  
(Signature of person completing form)

\_\_\_\_\_  
(Date completed)

*Please return this form **by February 2, 2015**, to:*

**Susan Bonner, Project Coordinator**  
**Missouri Deafblind Technical Assistance Project**  
**Missouri School for the Blind**  
**3815 Magnolia Avenue**  
**St Louis, Missouri 63110-4099**

Form may be faxed to Susan Bonner at (314) 773- 3762. If you have any questions, please call Susan Bonner at (314) 776-4320 x 3255 or Marge Winston, Outreach Services Secretary, at (314) 776-4320 x 3251.

***Thank you for completing this form, which will assist in program development and funding.***

December 1, 2014 Count